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An Exploration of Self-Care in Relation to Burnout and Compassion Fatigue Among Social Workers

Michael Jared Gonzalez

Abilene Christian University, mjg15c@acu.edu

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ABSTRACT

This study explored the impact of self-care, burnout and compassion fatigue on mental health social workers. This correlational study was designed to provide a fuller understanding of this relationship. Stamm's Theory of Compassion Satisfaction and Compassion Fatigue and Orem's self-care deficit theory served as the theoretical foundations of this study. The sample included 38 members of Millwood Hospital and the three Excel Centers, who volunteered to participate in this study. Participants completed online versions of the demographics questionnaire, Professional Quality of Life (ProQOL), and Self-Care Assessment Work Sheet (SCAW). Correlation, analysis of variance (ANOVA), and multiple linear regressions were performed to test research hypotheses concerning associations between self-care and effects of burnout, compassion fatigue, and compassion satisfaction among social workers in healthcare settings. Study results indicated no significant correlation between self-care practices and participants' level of burnout, compassion fatigue, or compassion satisfaction. However, the regression model revealed a significant association between external self-care practices and lower levels of burnout and compassion fatigue. Practice implications are highlighted and discussion of future research on the relationship among self-care practices, compassion fatigue, and compassion satisfaction are discussed.

An Exploration of Self-Care in Relation to Burnout and Compassion Fatigue Among
Social Workers

A Thesis

Presented to

The Faculty of School of Social Work
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In Partial Fulfillment

Of the Requirements for the Degree

Master of Science

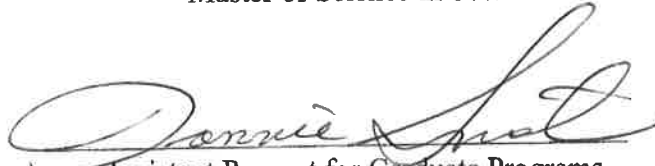
By

Michael Jared Gonzalez

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This thesis, directed and approved by the committee for the thesis candidate Michael Gonzalez, has been accepted by the Office of Graduate Programs of Abilene Christian University in partial fulfillment of the requirements for the degree

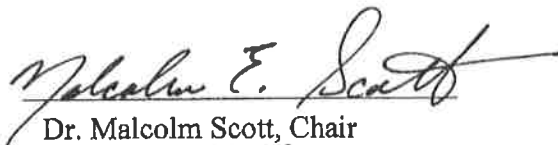
Master of Science in Social Work


Assistant Provost for Graduate Programs


Date

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Thesis Committee


Dr. Malcolm Scott, Chair


Dr. Kyeonghee Jang


Brittany Baker, LCSW

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TABLE OF CONTENTS

LIST OF TABLES	iv
LIST OF FIGURES	v
I. INTRODUCTION	1
Research Questions.....	3
Research Question 1	4
Research Question 2	4
Research Question 3	4
Hypothesis.....	4
Study Rationale.....	4
Implications.....	5
II. LITERATURE REVIEW	6
Theoretical Framework.....	7
Self-Care Deficit Theory.....	7
Internal Self-Care.....	8
External Self-Care.....	8
Theoretical Model of Compassion Satisfaction and Compassion Fatigue	9
Overview of Burnout	11
Overview of Compassion Fatigue.....	13
Risk Factors of Burnout and Compassion Fatigue	15
Organizational Factors	15

	Client Related Factors.....	18
	Personal Factors	19
	Implications.....	21
	Balance of Environments.....	21
	Self-Care and Compassion Satisfaction.....	22
	Reasoning to Fill Gap of Literature	24
III.	RESEARCH METHODOLOGY.....	25
	Research Design.....	25
	Sample.....	25
	Data Analysis Procedures	26
	Instruments.....	27
	ProQOL.....	27
	Demographics	28
	Self-Care Assessment	28
IV.	RESULTS	30
	Data Collection Procedures.....	30
	Data Analysis	31
	Research Question 1	31
	Research Question 2	34
	Research Question 3	37
	Null hypothesis (H02).....	37
	Alternative hypothesis (Ha2).....	37
V.	DISCUSSION	40

Implications of Findings	40
Limitations of Study	43
Implications for Social Work Practice	45
Conclusion	45
REFERENCES	47
APPENDIX A IRB APPROVAL LETTER	55
APPENDIX B CONSENT FORM	56
APPENDIX C INFORMED CONSENT	57
APPENDIX D DEMOGRAPHICS QUESTIONNAIRE	60
APPENDIX E PROQOL	61
APPENDIX F SELF-CARE ASSESSMENT	62

LIST OF TABLES

1. Sample Characteristics.....	31
2. Descriptive Scales for Self-Care Practices	32
3. Descriptive Characteristics as a Frequency of Self-Care Activities Rated at 4 and Above.....	33
4. Descriptive Characteristics as a Frequency of Self-Care Activities Rated at 2 and Below	34
5. Analysis of Variance on Compassion Satisfaction, Burnout, and Compassion Fatigue and Self-Care	35
6. ProQOL Subscale Reliability.....	35
7. Descriptive Statistics for the ProQOL Subscales.....	36
8. Comparison between Millwood Sample and Manual Score for ProQOL Subscales.....	37
9. Multiple Linear Regressions on Professional Quality of Life	39

LIST OF FIGURES

1.Complex relationships in professional quality of life.....	10
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CHAPTER I

INTRODUCTION

Mental health is a fascinating but complex field. The unpredictable nature of social work practice, combined with organizational and operational stress, carries negative health consequences such as high blood pressure, cardiovascular disease, difficulties with sleeping, anxiety, depression, suicidality, and post-traumatic stress symptoms (Figley, 2002; Hesse, 2002). Mental health practitioners are in high demand, but their work in this field of practice is demanding and intense. Expectations of their patients, the employing agency, and the bureaucratic requirements associated with most human services organizations can be difficult to manage. While practitioners understand their roles and obligations to their patients, they forget to tend to their own needs. While social workers regularly have the opportunity to exercise kindness and empathy through their work with patients, they are also susceptible to patients' dangerous and traumatic situations. An ancient Native American saying holds that "each time you heal someone you give away a piece of yourself until at some point, you will require healing" (Stebnicki, 2007, p. 317). Personal fulfillment and job satisfaction from helping others are credited in Barber's (1986) *Correlates of Job Satisfaction Among Human Service Workers* as motivation for pursuing a career in the social work field and are also credited with influencing retention of social workers. Many social workers believe feelings of job satisfaction, increased motivation, and enhanced quality of life among helping

professionals are important to counter the negative influences of patients' struggles. These same social workers would also recognize, according to Stamm (2002), the benefits of caregiving, which are often referred to in the contemporary literature as *compassion satisfaction*.

Compassion satisfaction has emerged in contrast to compassion fatigue. Compassion fatigue traditionally has been used to describe the negative effects of caregiving on helping professionals or the cost of caring (Figley, 1995). Compassion fatigue is characterized by hopelessness, trouble with concentration, hypervigilance, irritability, negative emotions, and can result in depression or even post-traumatic stress disorder (Bride, Radey, & Figley, 2007). A study conducted by Conrad and Kellar-Guenther (2006) indicated that clinicians who were more empathetic toward their clients had a greater tendency to internalize their clients' trauma and experience PTSD. This research suggests that compassion fatigue is an inevitable outcome of working with traumatized populations. This finding is consistent with a study conducted by Bride (2007), where 70.2% of 294 randomly selected MSW-level practitioners reported experiencing at least one symptom of PTSD in the previous week, 55% met the criteria for at least one of the core symptom clusters, and 15.2% met the core criteria for a diagnosis of PTSD.

While many studies aim to base mindfulness in corroboration with compassion fatigue and burnout, they fail to recognize other forms of self-care that make the social worker so resilient. As Krauss (2005) recommended, taking into account demographic information such as age, years of experience, gender, ethnicity and other variables will be important for further studies in relation to burnout, compassion fatigue, and compassion

satisfaction. A search for the terms “burnout and compassion fatigue” in social workers yielded 416 articles, and nine articles were found with the keywords “self-care in social workers.” Hundreds of articles were found pertaining to burnout and compassion fatigue in nursing. Limited research is available on social workers pertaining to findings of burnout, compassion fatigue, and compassion satisfaction within the mental health setting. This creates a gap of literature in the field of social work on the topic of specific self-care practices conducted to prevent and mitigate burnout and compassion fatigue.

The aim of this study is to explore self-care practices among mental health social workers currently working in behavioral healthcare settings. A second area of inquiry for this study relates to influences of current self-care practices on compassion satisfaction, compassion fatigue, and burnout. The current literature is largely silent regarding its differentiation between internal and external self-care practices. This study will also explore whether a difference exists between internal and external practices of self-care. This study will explore the frequently used self-care practices among mental health social workers to determine which are utilized most along with the relations to levels of burnout and compassion fatigue in mental health settings. This may propose to all practitioners ways of identifying and strategizing systems of self-care to intervene prior to the onset of these symptoms. It is hoped that the information gleaned from this assessment will further our knowledge about self-care, compassion fatigue, compassion satisfaction, and burnout among mental health practitioners and provide direction for future research on specific and proven self-care strategies.

Research Questions

This study addresses the following three research questions:

Research Question 1

What self-care practices do mental health social workers currently working in behavioral healthcare settings use?

Research Question 2

What is the relationship between self-care practices and reported levels of burnout, compassion fatigue, and compassion satisfaction among social workers who are employed in mental health settings?

Research Question 3

Is there a difference between internal and external self-care practices and their influence on burnout, compassion fatigue, and compassion satisfaction?

Hypothesis

It was hypothesized that social workers who engaged in self-care activities would experience higher levels of compassion satisfaction and lower levels of compassion fatigue and burnout.

Study Rationale

Among the detrimental effects of compassion fatigue, burnout, and lack of compassion satisfaction, there is evidence of high turnover rates, negative attitudes towards patients, lack of communication, and clinical errors (Figley, 1995). The National Association of Social Workers (NASW, 2015) policy statements articulate within the context of the professional mission ethical responsibilities to clients, colleagues, in practice settings, and as professionals to name several. Such responsibilities affirm and highly value supporting professional social workers in their service to clients within the agency context. NASW (2015) policy statements further articulate that education, self-

awareness, and commitment are considered key to promoting the practice of professional self-care.

The rationale for this study is two-fold. First, exploring the range of current self-care practices among mental health workers will provide insight for effective strategic planning and resource allocation and development. The second rationale, is to assess the level of compassion fatigue being experienced by mental health workers practicing some type of self-care.

Implications

The current study may shed light on future policy considerations, considerations for organizational managers, supervisors, and administrators to consider. The research literature has established the real financial, psychosocial, physiological impact across professions. It is time greater attention is given to social workers treating individuals with severe mental health disorders. By addressing this issue, other agencies may become more knowledgeable of similar concerns and develop and create supportive services for mental health professionals alike.

Furthermore, the findings from this study will be beneficial for social work practice as a whole because it leads to possible studies and further research in how to identify, prevent, and mitigate the likelihood of burnout and compassion fatigue in mental health practitioners. Study implications may bring to the forefront new strategies for countering the effects of compassion fatigue and burnout while also determining which self-care methods work best. Social workers work in an underestimated occupational hazards environment. In order to improve their lives and provide optimal performance, necessary changes must be made.

CHAPTER II

LITERATURE REVIEW

It is difficult to avoid compassion and empathy, which are arguably the main determinants of compassion fatigue and ultimately burnout (Figley, 2002). Compassion fatigue has also been found to have a negative correlation to compassion satisfaction. For example, a study on compassion fatigue and compassion satisfaction for child protective workers concluded that those with higher compassion satisfaction experienced lower levels of compassion fatigue and burnout (DePanfilis, 2006). In other words, social work practitioners experience varying levels of stress in their lives, when left unaddressed, can result in a continual downward spiral that will eventually lead to fatigue and ultimately burnout.

This literature review presents an overview of professional literature and research on burnout, compassion fatigue, compassion satisfaction and self-care in the helping professions. This chapter begins with detailed information provided on the theoretical frameworks used to guide the research study. Topics of burnout, compassion fatigue, compassion satisfaction and self-care and their relevance to helping professions (i.e., nursing, medicine, counseling, and education) are introduced. Studies on the related topics of vicarious traumatization and compassion fatigue are reviewed. The effects of self-care on reported feelings of burnout among social workers are emphasized. This chapter concludes with research gaps found in recent literature and introduces the methodology approach.

To identify research, two databases were used in this search: Google Scholar and EBSCOhost WEB. The search criteria included the availability of the full text and academic articles published in peer-reviewed journals since 2000. The search terms used include “social work * compassion fatigue,” “social work * burnout,” “social work * compassion fatigue,” “social work * compassion satisfaction,” “social work * pro-quality,” “social work * self-care,” “social work * pro-quality of life,” and “post-traumatic stress disorder * secondary traumatic stress.”

Theoretical Framework

The two theories used in this study to understand the behavioral intentions of social workers in conducting self-care activities and the effect of self-care on feelings of burnout among social workers in the social services settings are Stamm’s (2010) Theory of Compassion Satisfaction and Compassion Fatigue and Orem’s (2001) self-care deficit theory. Both theories were used to give theoretical underpinnings to this study. The self-care deficit theory (Orem, 2001) focuses on self-care activities being performed by the individual to maintain well-being, whereas as the Theory of Compassion Satisfaction and Compassion Fatigue (Stamm, 2010) focuses on the three key environments that feed into the positive and negative aspects of helping others. These three environments are the actual work situation itself, the environment of the person or people with whom they are providing care or assistance and the personal environment that they bring to the work they do (Stamm, 2010).

Self-Care Deficit Theory

The self-care deficit theory was introduced by a nurse by the name of Dorothea Orem. Orem (2001) believed that people had the natural ability for self-care involving

activities solely initiated and performed by self for the maintenance of their well-being. The two orientations of self-care practices presented by Orem are internal and external.

Internal Self-Care

Self-care practices that are internally oriented are described as action sequences to control oneself (thoughts, feelings, and orientation) and thereby regulate internal factors. Deliberate self-care activities conducted for the maintenance of well-being are internal orientations. Such internal oriented self-care activities include maintaining spiritual connections through church, meditation, yoga, philanthropic activities, self-revitalization, and other activities that serve to enhance general self-care.

External Self-Care

Externally oriented self-care is distinguished as a deliberate action performed by an individual that involves interactions with others or the environment. Types of external self-care may involve the use of positive forms of self-expression, such as drawing, painting, sculpting, cooking, or outdoor activities. Orem noted when self-care is effectively performed, it helps in maintaining the structure of human functioning and contributes to human development.

Isenberg (2006) alluded that individuals whose needs for self-care outweigh their ability to engage in self-care are said to be in a self-care deficit. Lack of recognition of the signs of shared trauma can lead to burnout. Not prioritizing the self can affect many areas of a professional's life, such as changes in diet exercise, sleep, and relationships (Ross et al., 2017). Although the theory of self-care is primarily a nursing theory, it is highly applicable to this study in that it highlights the importance and benefits of self-care for social workers.

Theoretical Model of Compassion Satisfaction and Compassion Fatigue

Larsen and Stamm (2008) proposed compassion satisfaction to be “the sense of fulfilment or pleasure that therapists derive from doing their work well” (p. 282).

Compassion satisfaction is made up of three elements: (1) the level of satisfaction that a person derives from their job; (2) how well a person feels they are doing in their job, related to the levels of competency and control that therapists feel they have over the traumatic material to which they are exposed to; and (3) the level of positive collegiate support that a person has, with aspects of structural and functional social support being particularly important (Stamm, 2002).

Compassion fatigue is the negative aspect of their work as helpers. According to Stamm (2002), there are two parts. The first part concerns things such as exhaustion, frustration, anger and depression typical of burnout. Secondary traumatic stress is a negative feeling driven by fear and work-related trauma. It is important to remember that some trauma at work can be direct (primary) trauma. In other cases, work-related trauma be a combination of both primary and secondary trauma. Compassion fatigue is the negative aspect of helping those who experience traumatic stress and suffering as compassion satisfaction is the positive aspect of helping (Stamm, 2002). Below, Figure 1 illustrates Stamm’s (2009) model for understanding compassion fatigue and compassion satisfaction.

Complex Relationships

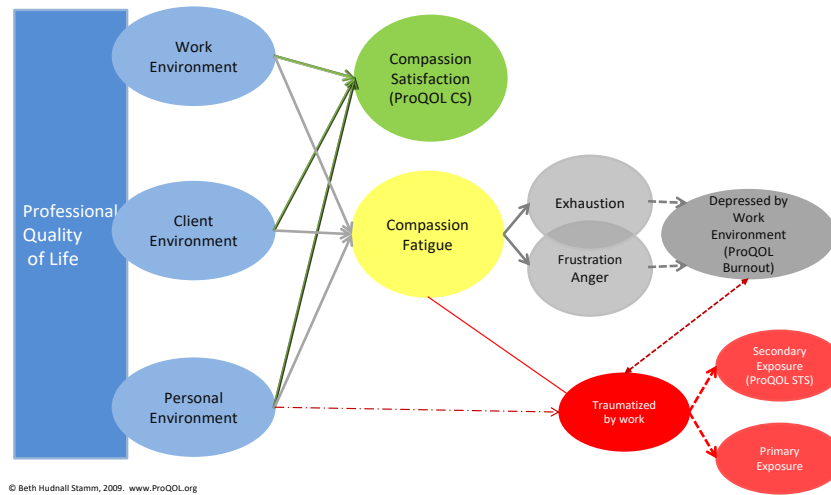


Figure 1. Complex relationships in professional quality of life

Note. Model shows a theoretical path analysis of positive and negative outcomes of helping those who have experienced traumatic stress. Copyright Beth Hudnall Stamm, 2009. www.ProQOL.org

The three key environments that feed into the positive and negative aspects of helping others are worth noting. These three environments are identified as work environment (the actual work situation itself), client environment (the environment of the person or people with whom they serve), and the personal environment (the personal past experiences or empathic involvement). The literature review provided will reveal the breadth of understanding to how these different environments produce unique challenges in the world of a social worker.

Overview of Burnout

They call it many different things. Feeling “fried,” overwhelmed, overworked, disillusioned, and/or underappreciated can all be a result of worker burnout. While they call it many different things, they know it when they feel it physically and psychologically. Burnout is a relatively fluid and interchangeable term that boasts many definitions. The actual process of *burning out* is best described as a progressive state occurring cumulatively over time with contributing factors related to the individual, the populations served, and the organization (Maslach, 2003). Burnout has been a widely accepted term since the 1970s when researchers Maslach, Schaufeli, and Leiter (2001) began exploring the phenomenon further so they could better define and describe it. Original research on burnout was done by Herbert Freudenberger and Christina Maslach between 1975 and 1976 (Maslach, 2003). Freudenberger, a psychiatrist, became interested in the phenomena due to his own experiences of the effects of emotional depletion and loss of determination in the workplace (Freudenberger & Richelson, 1980). Freudenberger described burnout as a specific psychological condition where people tend to depersonalize others and feel lack of personal accomplishment as well as overload of emotional exhaustion.

Burnout research originated in human service and care-giving professions, where the relationship between the provider and the client was the core concentration of the job (Maslach et al., 2001). At that time, it was important to heighten caregivers’ awareness of burnout and enhance caregivers’ ability to recognize that it was not an uncommon thing to experience when working in an occupation in which you provide aide and services to people in need (Maslach et al., 2001). This phenomenon was an important

element of emerging literature as researchers began to further explore and distinguish specific characteristics of burnout across service professions.

Literature reveals how much research on burnout has been studied across all different human service professions such as nursing, psychiatry, vocational rehabilitation counselors, mental health therapists, and non-clinical health services workers (Alarcon et al., 2011; Ray et al., 2013; Ross et al., 2017). It is important to understand how these different professions are all affected alike. According to Maslach (2003), job burnout works by three components on a continuum: exhaustion, depersonalization, and a sense of inefficacy. Exhaustion is defined as a depletion of emotional resources and is often referred to as the core component of burnout. According to Maslach and colleagues, exhaustion is not simply a case of overwhelming experience; it is a repercussion that causes them to distance themselves emotionally, mentally, and physically from their work (2001). Patients with emotional and behavioral disorders have many needs, and while meeting these individually presents a challenge, exhaustion is often experienced in coping with the emotional overload encountered (Maslach, 2003). Maslach (2003) describes how depersonalization shows to be evident when employees remove themselves from their work and display uncaring, unsteady, or cynical attitudes towards their patients. This is problematic for social workers and patients, as it causes an inability to form empathic and supportive relationships which are the foundation to a healthy therapeutic setting. Reduced professional efficacy, also known as inefficacy, is the final component of burnout (Maslach, 2003). Maslach and colleagues (2001) found that it is difficult to gain a sense of accomplishment when feeling exhausted or when helping people toward whom one is indifferent. Because social workers often enter the field with

a wish to help others in need, lacking efficacy through lack of accomplishment/achievement could result in a removing of oneself from further working in the profession.

Overview of Compassion Fatigue

Compassion fatigue was not a widely recognized term until the early 1980s when researchers identified the components of post-traumatic stress disorder (PTSD) and published it in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association, 2013). It was then that researchers noticed that traumatization did not only happen to those who were directly exposed to the trauma incident but those who encountered first-hand knowledge accounts of others' traumatic incidents (Figley, 1995). Since *compassion fatigue* is also an interchangeable term in literature with *secondary traumatic stress* and *vicarious trauma*, it is best defined as a syndrome consisting of a combination of the symptoms of secondary traumatic stress and professional burnout (Adams et al., 2006; Bride et al., 2007). Recent literature involves a compilation viewed as an extreme state of tension and preoccupation which results in a compilation of emotional, physiological, biological, and cognitive effects from working directly with and empathetically engaging others who are in distress (De Figueiredo et al., 2014; Ray et al., 2013).

Compassion fatigue has become a much more recognized term in recent literature and is many times used interchangeably with other terms such as: secondary traumatic stress and vicarious traumatization. Figley (1995) notes in his book *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in those who treat the Traumatized*, the distinct differences in definitions of these terms:

vicarious trauma happens when a single member is affected out of contact with the other members (e.g., in war, coal mine accidents, hostage situations, distant disasters); secondary trauma strikes when the traumatic stress appears to “infect” the entire system after first appearing in only one member. This last phenomenon most closely parallels what we are now calling *secondary traumatic stress*. (p. 5)

Secondary traumatic stress, similar to PTSD, results from experiencing/witnessing a patient’s traumatic stress and feeling empathy with the patient (Bride, Radney, & Figley, 2007).

The act of being compassionate often comes at a cost to human service workers as it can be difficult to stop one from bearing the suffering of others, especially when in direct contact with patients during moments of crisis (Figley, 2002). High levels of compassion fatigue can reduce care workers’ capacity and interest in others’ suffering to the point that workers will actively avoid patients and at times feel numb to patients’ traumatic experiences (Figley, 2002). Workers experiencing this can also re-experience the trauma in their patients, resulting in haunting nightmares, sleeplessness, and anxiety (Figley, 2002). Furthermore, working with traumatized patients can evoke past traumatic experiences of their own, creating fear, guilt, and avoidance of patients all together (Figley, 2002). Learning to recognize and manage symptoms of compassion fatigue may be an important variable to increase overall health and wellness for care workers as well as enable them to continue to provide superior support and service to their patients.

Risk Factors for Burnout and Compassion Fatigue

There is an abundance of organizational, client-related, and personal factors that can increase the risk for social workers to develop burnout and compassion fatigue. Oftentimes, it is a compilation of many of these factors that cause distress. The goal should be increased awareness within the social services field in order to mitigate the negative effects that these two phenomena have on the patients, care workers, and organization as a whole as literature suggests.

Organizational Factors

It is not always client-related issues that contribute to burnout and compassion fatigue; sometimes it is work-related stressors related to organizational job demands (Alarcon, 2011; De Figueiredo et al., 2014; Nankervis, 2012). There have been numerous studies done showing the impact of organizational factors in predicting burnout in employees (Alarcon, 2011; De Figueiredo et al., 2014; Nankervis, 2012). For example, De Figueiredo and colleagues (2014) did a mixed-method, cross-sectional study on perceptions of compassion fatigue and satisfaction among two ambulatory divisions within a large, urban pediatric tertiary care unit institution that provided clinical services to infants, children, and adolescents with significant exposure to psychological and physical trauma. “Issues discovered such as large caseloads, meeting deadlines, addressing billing requirements, receiving unclear messages from administrators, meeting clinical, programmatic, and administrative demands, and navigating policies were all primary contributors to burnout” (De Figueiredo et al., 2014, p. 8).

Maslach and Leiter (2001) identified six areas of work life in which mismatches between the person’s expectations and the job are considered to be predictive of burnout,

whereas a match is believed to enhance work engagement. These six areas include: workload, or the job demands placed on an employee given a specified amount of time and resources; control, or the opportunity for employees to make important decisions about their work, as well as their range of professional autonomy and ability to gain access to resources necessary to do their job effectively; rewards, or the recognition for work contributions, (i.e., financial, social, and/or internal); community, or the quality of the social context in which one works, including relationships with managers, colleagues, and subordinates; fairness, or the extent that openness and respect are present in the organization and the decision-making process; and values, or the congruence between the organization's priorities and values and those of the employee. A study done by Ray and colleagues (2013) looked at six primary areas of work life and hypothesized that a higher person-job congruence in these areas would decrease compassion fatigue and burnout and increase compassion satisfaction in frontline mental health workers ($n = 430$). In this quantitative study, a survey was sent to frontline mental health professionals (including registered nurses, registered practical nurses, social workers, psychologists, case managers, and other mental health workers) in Ontario. Results confirmed the hypothesis that increased overall congruence in the six areas of work life predicted lower rates of burnout overall in frontline mental health professionals (Ray et al., 2013). Similarly, they confirmed that compassion fatigue was negatively associated with positive matches in the six areas of work life (Ray et al., 2013). Furthermore, "higher levels of compassion satisfaction, lower levels of compassion fatigue, and increased person-job match in the six areas all predicted lower levels of burnout" (Ray et al., 2013, p. 263).

According to Alarcon (2011), the three dimensions of job demands were identified as role ambiguity, role conflict, and workload. All were significant predictors of burnout with the strongest correlation being to that of exhaustion. Moreover, this study found that high rates of exhaustion and cynicism, decreased job satisfaction, decreased or lack thereof organizational commitment, and increased turnover rates (Alarcon, 2011). It was also noted that autonomy and control were negatively correlated with emotional exhaustion, showing that giving workers more flexibility in how they meet their job demands could increase satisfaction in one's job thereby increasing productivity and effectiveness in job performance (Alarcon, 2011).

A qualitative study conducted by Nankervis (2012) investigated the importance of individual, interpersonal, organizational, and demographic variables as predictors of burnout among disability support workers ($n = 108$). It was found that role conflict or ambiguity was a significant predictor of emotional exhaustion in employees. Furthermore, it was suggested that having clearer job descriptions and clearer delineations between all workers within the agency could help give employees more autonomy within the workplace, which in turn could lower burnout rates.

Lack of training or knowledge about the culture of the client population with which one works has also been found to be significant predictors for symptoms of burnout and compassion fatigue (McLindon & Harms, 2011). McLindon and Harms (2011) conducted a qualitative study where they examined mental health workers who conducted assessments and provided treatment to women who had been victims of sexual assault ($n = 15$). From this study, it was concluded that professional experience was a crucial factor in participants' perception and understanding of sexual assault and the

victims of sexual assault. In addition to those findings, lack of training was deemed to be another major reason as to why the workers were stressed from work (McLindon & Harms, 2011). Eleven respondents from that study indicated that they had “little to no professional training on victims of sexual assault or how to respond appropriately to their experiences” (McLindon & Harms, 2011). Because each client is dealing with a variety of issues at once, it can be even more difficult for social workers to be effective and competent when they lack exposure to and knowledge of the vulnerable population at hand.

Client-Related Factors

Recent literature has also found a link among challenging behavior, traumatic experiences, and violence in the workplace on burnout and compassion fatigue rates (McLindon & Harms, 2011; Nankervis, 2012; Ray et al., 2013). Social workers experience crisis situations with patients several times daily, meaning more than often, patients display challenging and violent behavior. Nankervis (2012) did a quantitative study on predictors of job burnout in disability support workers ($n = 108$) and concluded that challenging behaviors of patients was a major predictor of all three dimensions of burnout (exhaustion, depersonalization, and a sense of inefficacy). It was found that challenging and aggressive behavior on the part of the client increases fear in staff, leading to exhaustion, depersonalization, and eventually burnout.

Working with high-need patients and complex trauma can be extremely emotionally, physically, and psychologically demanding for workers. Boscarino and colleagues (2004) conducted a study on compassion fatigue and psychological stress on social workers ($n = 236$) living in New York City working directly with patients affected

by the tragic September 11, 2001, World Trade Center attack. Results concluded that exposure to traumatized patients alone does not lead to compassion fatigue or burnout (Boscarino et al., 2004). This is because compassion fatigue and burnout were a result of a mixture of several factors in the workplace and personal environment, such as negative life events, personal trauma, lack of social support, and low job mastery (Boscarino et al., 2004). Although this study was done on social workers working with patients with a different kind of traumatic experience, the trauma responses and PTSD symptoms resemble much of what is occurring in the mental health setting. This study is relevant to mental health workers, as they too work with patients with significant trauma histories and are often trying to provide immediate support to patients who are dealing with complex mental health problems, stressors, and adversities.

Personal Factors

There are many personal variables that contribute to the vulnerability of compassion fatigue and burnout in the workplace. Several of these factors include the individual's personality type, age, culture, personal history, work experience, and, most importantly self-care strategies. It has been noted that the more experience one has in the field along with longevity of the job, the greater of approach to one will have in their work and the greater ability to process the stressors from it (De Figueiredo et al., 2014). Workers who have less time on the job need supportive relationships with senior colleagues who can mentor them (Ray et al., 2013). The supportive aspect of that relationship is the role supervisors and senior colleagues play in ameliorating stress overload. Other identified factors that can reduce the burden of stress on practitioners

include advanced courses in supervision for supervisors, a reduction in ratio of supervisors to workers, and workshops (Nissly et al. 2005).

Having experienced trauma in one's own life can also be a risk factor for burnout and compassion fatigue. It is not an uncommon phenomenon to have workers who have themselves experienced trauma in human services professions (Figley, 2002). For example, a quantitative study ($n = 430$) on compassion satisfaction, compassion fatigue, and burnout done by Ray and colleagues (2013) on frontline mental health professionals (including registered nurses, registered practical nurses, social workers, psychologists, case managers, and other mental health workers) in Ontario found that 27.8% of the participants had a history of trauma. Furthermore, they found that compassion fatigue scores were higher for those who have experienced trauma, possibly because they more deeply identify with their patients' traumatic experiences (Ray et al., 2013).

In a study by Killian (2008), 20 frontline licensed social workers, psychologists, professional counselors, and marriage therapists identified several key risk factors in developing work stress and compassion fatigue. The most frequently occurring are listed first:

- high caseload demands and/or workaholism
- personal history of trauma
- lack of regular access to supervision
- lack of a supportive work environment
- lack of supportive social network
- social isolation
- worldview (overabundance of optimism, or cynicism, etc.)

- the ability to recognize and meet one's own needs (i.e., self-awareness).

Implications

Research indicates that not only are individuals impacted, but agencies and organizations are negatively impacted as well (Barak, Nissly, & Levin, 2001). On a systemic level, it has been proven that burnout can lead to dissatisfaction by the care provider and lead to negative outcomes in the work environment such as frequent absenteeism, chronic tardiness, chronic fatigue, evidence of poor client care, and low completion rates of clinical and administrative duties (Barak, Nissly, & Levin, 2001). Further, the turnover rate not only affects the agency by utilizing more resources of time and finances to search for and train new social workers, but it also directly affects the recovery of clients due to recovery progress being stunted or prematurely ended due to social workers leaving the position (Gregory, 2015). It should be noted that turnover can sometimes be positive. Positive turnover occurs when employees leave for promotions, to raise families, or to address other life changes. Turnover can be viewed as healthy when employees leave agencies because they are struggling to perform in the position or determine that another career is a better fit.

Balance of Environments

Those who are able to accurately balance work related stress are able to function well psychologically. This is evidenced by a study conducted by researchers (Raven, Winokur, Holmquist-Johnson, & Kenyon, 2018) from Colorado State University's Social Work Research Center to determine the prevalence of secondary traumatic stress among Colorado child welfare caseworkers. However, very few of the survey participants rated high in secondary traumatic stress. One of the most unexpected findings is that while

almost 1.2% of Colorado county child welfare caseworkers had “high” risk of compassion fatigue, less than 1% reported “high” or “extremely high” risk of burnout. Also surprising, 25.1% of staff in this study were in the “extremely high,” “high,” or “good” potential for compassion satisfaction. The ideal combination of scores would be low for both burnout and secondary traumatic stress subscales and high for compassion satisfaction (Stamm, 2010). When looking more closely at the relationship between compassion satisfaction and the other two constructs, we find what that respondents with higher compassion satisfaction did have significantly lower levels of burnout and compassion fatigue.

Self-Care and Compassion Satisfaction

In spite of the known challenges of work within the social work field, there is scant research on actual methods of self-care and social workers’ self-care practices within the field. Although it is clear that self-care is of the utmost importance, the National Association of Social Workers (2015) cites that “professional self-care has not been fully examined or addressed within the profession” (p. 245). Whichever way it is looked at, it is widely recognized that self-care is essential to the work of caring for others and a vital component of preventing compassion fatigue and eventual burnout (Figley, 1995; Stamm, 2010). Self-care is also important for social workers in the field of performance and personal growth. Maintaining general self-care may involve the use of positive forms of self-expression, such as drawing, painting, sculpting, cooking, or outdoor activities (Hesse, 2002). Newell and MacNeil (2010) added that maintaining spiritual connections through church, meditation, yoga, philanthropic activities, and self-revitalization all serve to enhance general self-care, which buffers the effects of these

conditions. General bio-behavioral strategies, such as maintaining physical health, balanced nutrition, adequate sleep, exercise, or recreation, also serve to buffer the effects of these conditions (O'Halloran & O'Halloran, 2001; Pearlman, 1999; Zimering, Munroe, & Gulliver, 2003). Newell and MacNeil (2010) further indicated that often the therapist has a rather limited social support system composed of colleagues and only a few intimate relationships. It is vital to increase the therapist's support system in both numbers and variety of relationships so that she or he is viewed apart from the therapist persona. However, some relationships may be a source of strain and stress. These toxic relationships are an additional demand and should be addressed immediately (Figley, 2002).

Social workers face many potential stressors as they undertake the work of caring for others. These include factors related to the job and the organization in which it is performed in, interactions with patients, or personal characteristics of the individual social worker. Personal characteristics that are influenced by stress include low levels of hardiness, an external locus of control versus an internal focus on self-efficacy, poor self-esteem, and an avoidant coping style rather than a tendency to facing issues head-on (Maslach, Schaufeli, & Leiter, 2001). There is a link between emotional and physical health which signifies the importance of professional self-care and its study within the field of social work. This is where self-care and compassion satisfaction yield itself together as important components to sustainability in the profession. Compassion satisfaction has been defined by Stamm (2010) as the pleasure you derive from being able to do your work. For example, you may feel like it is a pleasure to help others through what you do at work. You may feel positively about your colleagues or your ability to

contribute to the work setting or even the greater good of society through your work with people who need care. The elements of self-care and compassion satisfaction here identify the path to wellness in which the social worker can best serve others.

Reasoning to Fill Gap of Literature

The lack of information on self-care activities performed by social workers in medical, public-health, and mental-health settings and their feelings of burnout, compassion satisfaction, and compassion fatigue is a significant gap in the literature. Social workers occupy positions in medical, public-health, and mental-health settings, and it is essential for information to be available on the effects of self-care in relationship to their work settings. Identifying the frequency with which self-care activities are conducted and the activities' effects on burnout will help determine the benefits and effects of self-care among social workers in the specified settings.

CHAPTER III

RESEARCH METHODOLOGY

The goal of this study was to examine self-care strategies of mental health social workers currently working in behavioral healthcare settings and whether these strategies influence compassion fatigue and compassion satisfaction, and if they influence their professional quality of life. Data provides correlations of self-care to levels of burnout, compassion fatigue, and compassion satisfaction found in the literature and to contrast these normative data to what has been published in the most recent and previous version of the Professional Quality of Life Manual (Stamm, 2010). Identifying suitable practices of self-care will assist mental health social workers in implementing effective supportive strategies that can enhance quality of life.

Research Design

The study used a quantitative research design using survey research instruments. The Professional Quality of Life Scale (ProQOL), demographic questionnaire, and Self-Care Assessment Worksheet (SCAW) was used to identify current self-care practices and measure levels of compassion fatigue, compassion satisfaction, and burnout in social workers in order to identify factoring variables and address correlations amongst the three.

Sample

The study focused on MSW-level practitioners employed at Millwood Behavioral Hospital and three Excel Centers all located in Dallas-Fort Worth, Texas. This study was

conducted in 2019. Using selection criteria, this study selected a working sample of approximately 35 MSW practitioners working in direct care with patients. The MSW practitioners included were designated as part-time or full-time employees. Managers or supervisors are not included. Therefore, this working sample includes the surveys of those who have been identified to work in direct care with patients so that an understanding of masters-level social workers most at risk for levels of burnout and compassion fatigue can be examined in relation to self-care practices. An Institutional Review Board (IRB) exempt review application was submitted and approved, and the approval letter is in Appendix A. After receiving IRB approval, the researcher identified and contacted the program director for approval to conduct the study. To obtain consent, the program director requested providing and sending a consent form (See Appendix B) explaining the purpose of the study, procedures, risks/benefits, compensation, and confidentiality measures.

Data Analysis Procedures

This study used the statistical analysis software program known as Statistical Package for the Social Sciences (SPSS) to enter all quantitative data. Dr. Malcolm Scott, assistant professor of Social Work at Abilene Christian University (ACU), supervised the use of SPSS and the analyzation of data analysis. The following statistical methods will be used to analyze results: descriptive and inferential statistics will characterize the sample, and descriptive analyses will examine major variables. This design was selected because predictions can be made about the relationship between self-care practices and reported levels of burnout, compassion fatigue, and compassion satisfaction. One disadvantage of this design is the lack of measurement of causation; “correlation is not

causation”. While tentative predictions can be made with correlational data, definitive conclusions cannot be made on causation a limitation noted. Several statistical analyses will be used to assess the use of the ProQOL, demographic survey, and the SCAW. Pearson-product moment correlations, linear regression, analysis of variances (ANOVAs), and t-tests will be used to determine potential relationships between variables.

Instruments

The present study included several ethno-cultural demographic variables, ProQOL (Stamm, 2010), and a SCAW developed by Saakvitne & Pearlman (1996).

ProQOL

The ProQOL is a 30-item survey instrument designed to measure respondents on three discrete scales: compassion satisfaction, burnout, and compassion fatigue (Appendix E). Items are statements regarding respondents’ self-perceptions, their reactions to helping work, their beliefs regarding their helping work, and their experiences of traumatic symptoms due to their helping work. Items are answered by rating how frequently each has been experienced in the prior 30 days on a six-point Likert scale.

Each scale of the ProQOL is comprised of 10 unique items. Compassion satisfaction is defined as the pleasure and meaning one derives from being able to do one’s helping work well, with higher scores on this scale representing a greater satisfaction related to one’s ability to be an effective caregiver through one’s work. Burnout is defined as the experiencing of feelings of hopelessness and problems dealing with work and doing one’s job effectively. Higher score on this scale reflects increased

risk of burnout. Compassion fatigue is defined as the experiencing of symptoms of secondary traumatic stress as a result of exposure to others' traumatic material while engaging in helping work. Higher scores on this scale reflect an increased risk of compassion fatigue.

The compassion satisfaction subscale is reported to have an alpha scale reliability of .88, the burnout alpha subscale reliability of .75, and the compassion fatigue alpha subscale reliability of .81. Known interscale correlations and discriminant validity metrics are reported in the instrument manual and indicate that compassion fatigue and burnout have a shared variance of 34%, but that compassion satisfaction share very little variance with either compassion fatigue or burnout (Stamm, 2010). The ProQOL can be completed in five minutes.

Demographics

A basic demographic questionnaire was developed by the researcher to gather data relevant to the study. The information sheet included items on age, gender, and ethnicity (Appendix D). Participants were also asked to provide information about their work status whether they were part-time or full-time, number of months at their current job, and number of months in the profession. This questionnaire was brief and was used to collect information on possible covariates/influences. To ensure participants' privacy, no personal contact information was collected. This questionnaire could be completed in less than five minutes.

Self-Care Assessment

The SCAW utilized is a 29-item instrument comprised of a list of self-care practices, for which participants rate their frequency of utilizing each practice on a five-

point Likert scale indicating the frequency of staff engagement in specified self-care practices from never (0) to daily (5). (See Appendix F). The SCAW is a self-care indicator that measures the degree to which individuals engage in a variety of self-care activities and strategies (Saakvitne & Pearlman, 1996). The instrument measures six areas of self-care: physical, psychological, emotional, spiritual, professional workplace, and balance. Each of the subscales presents a different number of items assessing an array of self-care strategies engaged in by the respondent. The self-care groups will be classified into two groups: internal and external, as guided by Orem's self-care deficit theory. Respondents are asked to rate each activity on a scale from 1 to 5 in terms of frequency (1 *Never Occurs*, 5 *Frequently Occurs*). Sample items from the SCAW look into 6 areas of self-care: (1) Physical; (2) Psychological; (3) Emotional; (4) Spiritual; (5) Workplace; (6) Balance.

CHAPTER IV

RESULTS

The purpose of this study was to further understand the relationship between experiences of compassion fatigue and burnout among social workers in mental health settings and the relationship of self-care to compassion fatigue and burnout. In this chapter, the survey results of this current study provide information on the data collection process, a description of the study participants, and analyses of data. The instruments used in this study were the demographics questionnaire, ProQOL, and the SCAW (Saakvitne & Pearlman, 1996).

Data Collection Procedures

Participants for this study were recruited over a period of six weeks. The sampling frame was constrained by the email addresses to which the researcher had access. The email addresses were obtained from the director of social services of Millwood Behavioral Hospital, LCSW Brittany Baker. The researcher distributed the survey to all persons included in the compiled email list. The survey was completely voluntary and digital. Each potential participant needed to agree to the informed consent before they could progress to the survey. Both the initial surveys and the reminder surveys were sent to all participants as the reminder email was sent out by the second week of data collection process. The survey consisted of one demographic section, one instrument, and one survey. The text of the informed consent is included in Appendix C.

Data Analysis

Table 1 provides detailed information on the sample characteristics ($n = 35$). A majority of the study participants were Caucasian (60%) and female (90%). The average study participant was 25 to 34 years old, and approximately 72.5% of the participants reported 5 or fewer years of experience in their current place of employment.

Research Question 1

What self-care practices do mental health social workers currently working in behavioral healthcare settings use?

Table 1

Sample Characteristics

<i>Characteristic</i>		<i>n</i>	<i>%</i>
Gender	Male	4	10
	Female	36	90
Ethnicity	African American	6	15
	Caucasian/White	24	60
	Native American	2	5
	Hispanic/Latino	8	20
	Vietnamese	1	2.50
	Other Asian	1	2.50
	Other	1	2.50
Age	18-24	6	15
	25-34	21	52.5
	35-44	8	20
	45-54	3	7.5
	65-74	2	5
Years in mental health	Less than one year	9	22.5
	More than one year	22	55
	More than five years	6	15
	More than ten years	3	7.5

Table 2 illustrates results of on respondents on average reported engaging in having a sense of most frequently emotional ($M = 4.1$), spiritual ($M = 3.89$), and professional self-care ($M = 3.88$). Respondents reported engaging in psychological self-

care activities less frequently than all other domains ($M = 3.8$). Overall, respondents were not routinely or frequently engaging in self-care practice ($M = 3.3$, $SD = 0.61$).

Table 2

Descriptive Scales for Self-Care Practices

<i>Self-Care</i>	<i>n</i>	<i>Minimum</i>	<i>Maximum</i>	<i>M</i>	<i>SD</i>
Internal self-care					
Emotional	38	3.30	5.00	4.1342	.449191
Spiritual	38	2.38	5.00	3.8974	.65118
Psychological	38	2.67	5.00	3.8004	.52007
External self-care					
Professional	38	2.82	5.00	3.8804	.65252
Physical	38	2.71	5.00	3.8418	.55630

Table 3 illustrates of the 65 listed self-care practices rated at 1 (*Never*) and 0 (*Never Occurred to Me*) ($M = 3.83$). Each respondent indicated engagement in at least one of the 65 listed self-care practice activities. An astounding 54 of the 65 activities were rated at a 4 or above (*Often–Frequently*). The self-care activities rated at a 4 or above included: practicing eating regularly, wearing clothes you like, getting medical care when needed (physical), taking time to chat with co-workers, setting limits with your clients and colleagues, getting regular supervision or consultation (professional), spending time with others whose company you enjoy, finding things that make you laugh, staying in contact with important people in your life (emotional), and noticing your inner experience (listening to your thoughts, beliefs, inner experiences, attitudes, judgments, and feelings), letting others know different aspects of you, and being curious (psychological), cherish your optimism and hope (spiritual).

Table 3

Descriptive Characteristics as a Frequency of Self-Care Activities Rated at 4 and Above

<i>Characteristic</i>	<i>n</i>	<i>f</i>	<i>Weighted Average</i>
Emotional			
Spending time with others	36	94.74%	4.63
Finding things that make you laugh	37	97.37%	4.63
Staying in contact with important people in your life	36	94.73%	4.50
Spiritual			
Cherish your optimism and hope	31	81.58%	4.26
Psychological			
Notice your inner experiences	35	92.11%	4.42
Let others know different aspects of you	31	81.58	4.21
Being curious	29	76.31	4.11
Make time for self-reflection	11	28.95%	4.00
Professional			
Setting limits	34	89.48%	4.32
Getting regular supervision or consultation	29	76.32%	4.16
Taking time to chat with co-workers	24	63.16%	3.82
Physical			
Wearing clothes you like	32	84.21%	4.42
Eating regularly	30	78.95%	4.34
Getting medical care when needed	34	89.47%	4.05

Table 4 reflects the least frequently practiced self-care activities, with a rating at a 2 or lower (*Rarely–Never*), included getting massages (physical), writing in a journal and having your own personal psychotherapy (psychological) and expressing outrage in social action, letters and donations, marches, protests (emotional) and finding a spiritual connection or community, and developing a non-trauma professional area of interest (professional).

Research Question 2

What is the relationship between self-care practices and reported levels of burnout, compassion fatigue, and compassion satisfaction among social workers who are employed in mental health settings?

Table 4

Descriptive Characteristics as a Frequency of Self-Care Activities Rated at 2 and Below

<i>Characteristic</i>	<i>n</i>	<i>f</i>	<i>Weighted Average</i>
Emotional			
Expressing outrage in social action, letters and donations, marches, protests	17	44.73%	3.03
Spiritual			
Find a spiritual connection or community	12	31.58%	3.34
Psychological			
Having your own personal psychotherapy	17	44.74%	2.92
Writing in a journal	20	52.63%	2.82
Professional			
Develop a non-trauma professional area of interest	10	26.31	3.39
Physical			
Getting massages	13	34.21%	2.82

One-way analysis of variance (ANOVA) was conducted to test the significance of differences in mean levels of each professional quality of life score and self-care practices. ANOVA assumptions checked include, the dependent variable being continuous, the independent variable consisting of two or more categorical independent groups, no significant outliers, independence of observations, normality, and homogeneity of variances. No significant differences were found between reported feelings of compassion satisfaction, burnout, and compassion fatigue and self-care practices. Compassion satisfaction [$F(2, 38) = 3.107, p = .014$], burnout [$F(2, 38) =$

5.654, $p = .000$], and compassion fatigue [$F(2, 38) = 2.385, p = .046$]. Table 5 reports the results of the ANOVA.

Table 5

Analysis of Variance on Compassion Satisfaction, Burnout, and Compassion Fatigue and Self-Care ($n = 38$)

	<i>Sum of Squares</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Compassion Satisfaction	58.791	7	84.113	3.107	.014
Burnout	569.687	7	81.384	5.654	.000
Compassion Fatigue	237.186	7	33.884	2.385	.046

The items in the compassion satisfaction, burnout, and compassion fatigue subscales were then summed and a mean was calculated. Cronbach's alpha reliability coefficients were also calculated for the three subscales of the ProQOL and can be found in Table 6.

Table 6

ProQOL Subscale Reliability

<i>Item</i>	<i>Cronbach's Alpha</i>
Compassion Satisfaction	.920
Burnout	.821
Compassion Fatigue	.689

Table 7 presents the descriptive statistics for the scales, which represents numbers that summarize and describe basic features of the data. Results showed that the means across the three scales on the ProQOL ranged from a low of 20.47 to a high of 40.39. The standard deviations ranged from a low of 4.23 to a high of 6.15.

Table 7

Descriptive Statistics for the ProQOL Subscales

<i>Item</i>	<i>n</i>	<i>Minimum</i>	<i>Maximum</i>	<i>M</i>	<i>SD</i>
Compassion Satisfaction	38	28.00	50.00	40.3947	6.15362
Burnout	38	11.00	32.00	21.4737	5.20258
Compassion Fatigue	38	14.00	31.00	20.4737	4.23459
Valid N	38				

As Table 7 shows, the respondents are experiencing high compassion satisfaction with moderate burnout and moderate compassion fatigue in this particular behavioral health setting.

The ProQOL Concise Manual provides an overview of how the summation scores fall into low, moderate or average, and high areas that can be used for self-administration for information or to monitor over time. As displayed in Table 8, there was a significant difference between the *t* scores for each subscale in the ProQOL manual as compared to the converted *t* scores from the survey responses in that majority scored high for all subscales of the professional quality of life. It must be noted that although these are the cutoff score across various demographic settings, it does not report, in this case, a comparable report of measures to other inpatient/outpatient mental health settings.

Table 8

Comparison between Millwood Sample and Manual Score for ProQOL Subscales

Millwood Sample Subscale <i>t</i> Scores			
	<i>Compassion Satisfaction</i>	<i>Burnout</i>	<i>Compassion Fatigue</i>
25 th percentile	29	29	34
50 th percentile	50	50	50
75 th percentile	65	70	74

ProQOL Manual Subscale <i>t</i> Scores			
	<i>Compassion Satisfaction</i>	<i>Burnout</i>	<i>Compassion Fatigue</i>
25 th percentile	44	43	42
50 th percentile	50	50	50
75 th percentile	57	56	56

Research Question 3

Is there a difference between internal and external self-care practices and their influence on burnout, compassion fatigue, and compassion satisfaction?

Null hypothesis (H₀₂). There is no statistically significant difference between internal and external self-care practices and their influence on burnout, Compassion Fatigue, and compassion satisfaction.

Alternative hypothesis (H_{a2}). There is a statistically significant difference between internal and external self-care practices and their influence on burnout, Compassion Fatigue, and compassion satisfaction.

Prior to the multiple linear regression analysis, assumptions for testing a regression model were considered using Field's recommendation (2013).

Multicollinearity problems (i.e., a high correlation between factors) were examined using

the tolerance value for predictors (less than 0.2) or variance inflation factor (VIF) (10 or above). In addition, assumptions of normality of errors and linear regression were investigated. The examination of residual plots is considered a preferable method of detection for the assumptions for linear regression including linearity and homoscedasticity (Field, 2013).

The initial regression model that includes all factors shows a multicollinearity due to a high correlation between internal self-care practices regarding participant quality of life. Another set of multiple linear regression analyses were conducted after combining three factors into one (SelfcareInternalMean). In this table, bivariate correlations among predictors are included in the revised regression model. The residual plot for this new regression model indicated the assumptions of linearity and equal variance were considered met. A statistical test of the normal distribution of the residuals showed that this assumption was also met.

In order to examine the effect of each domain (demographic characteristics, internal self-care and external self-care) and each factor on the outcome, the regression was conducted with a hierarchical entry by adding each domain of factors consecutively to demographic factors. The regression model with three domains of five factors was shown to be statistically significant on two factors, explaining the variance of the outcome variable by 47.0%: $R^2 = .470$, Adjusted $R^2 = .387$, $F = 6.575$, $p < .029$) for Burnout (BO), and by 47.0%: $R^2 = .227$, Adjusted $R^2 = .106$, $F = 3.168$, $p < .017$) for Compassion Fatigue (CF).

Table 9

Multiple Linear Regressions on Professional Quality of Life (n = 38)

Category	Factor	<i>CS</i> <i>t</i>	<i>BO</i> <i>t</i>	<i>CF</i> <i>t</i>
Demographic	Age What is your age?	.075	-.308	-1.553
	Gender What is your gender?	1.351	-1.486	-1.117
Internal SC	SelfCareInternalMean	.043	.462	.626
External SC	SelfCarePhysicalMean	1.489	-1.099	1.199
	SelfCareProfessionMean	1.081	-2.282*	-2.508*
<i>R</i> ² (Adjusted <i>R</i> ²)		.401 (.308)	.470 (.387)	.227 (.106)

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

For the three domains and five factors, several were not shown to be significant. Among these factors were age, gender, internal self-care and physical self-care across all three measures (CF, BO, CS). However, professional self-care as a factor was statistically significant for both burnout and compassion fatigue. Professional self-care had a stronger association with reducing participant levels of burnout and compassion fatigue. This association with professional self-care was less strong and therefore had no significant association with compassion satisfaction.

CHAPTER V

DISCUSSION

The aim of the study was to assess the preferred self-care methods used by mental health social workers, explore whether any relationship exists between mental health social workers' self-care practices and levels of burnout, compassion fatigue, and compassion satisfaction, and to explore if there were any differences between internal and external self-care practices and their influences on professional quality of life. Self-care practices influence the experience of burnout, compassion fatigue, and compassion satisfaction among mental health social workers. The results of the research indicate this correlational study identified relationships between self-care and burnout, compassion fatigue, and compassion satisfaction in the targeted social worker population using the ProQOL (Stamm, 2010) and the SCAW (Saakvitne & Pearlman, 1996).

Implication of Findings

Social workers employed at Millwood Behavioral Hospital and the Excel Centers working in mental health settings comprised the sample. The first research question examined the frequency of self-care practice used in behavioral healthcare settings. It was found that emotional self-care was practiced the most amongst mental health social workers. Grant and Kinman's (2013) research highlights the value of emotional resilience among social workers in general. This current study may offer support for the positive influence social workers perceive about emotional self-care toward increased resiliency.

The second research question examined the relationship between self-care practices and reported levels of burnout, compassion fatigue, and compassion satisfaction among social workers who are employed in behavioral healthcare settings. Results indicated that self-reported levels of burnout, compassion fatigue, and compassion satisfaction were all reported as “high” with no significant differences. The results of this study do not support Orem’s (1991) self-care deficit theory in that social work participants who reported engaging in self-care activities indicated lower levels of burnout and compassion fatigue. It is not clear from this current study why social workers practicing self-care reported “high” levels of burnout and compassion fatigue. There may be mitigating factors influencing the dependent variable that were not captured in the scope of this study. However, it is important to note that Orem’s research also highlighted self-care as a rational act and individuals can choose to engage in self-care activities unless there are limitations due to health conditions out of their control or lack of knowledge. Therefore, self-care practices may vary in duration, impact, and influence depending on a range of factors – access issues being only one among them.

Even though the ProQOL is not a diagnostic tool for screening participants, participants in this current study reported feeling high levels of burnout and compassion fatigue. While the assessment value of the current study is questionable, there is sufficient self-reported evidence from the participants that is noteworthy. According to research by Stamm and countless unmentioned others, high levels of burnout and compassion fatigue some support may prove prudent. Furthermore, the extant mental health research literature confirms consistently high levels of burnout and compassion fatigue to be correlated with various forms of depression.

It has been established that the social workers in this study all interacted with people in mental health settings as part of their daily work and reported feelings of burnout and compassion fatigue. Highlighting the prevalence of burnout among social workers, Lloyd, Chenoweth, and King (2002) assert that being a social worker is associated with high stress, lower job satisfaction, and higher levels of emotional exhaustion. These results were echoed in the current study and should be seriously considered.

The third research question involved understanding possible differences in engaging in internal self-care and external self-care practices and their influence on burnout, compassion fatigue, and compassion satisfaction. These practices were specifically selected because Orem's (1991) self-care deficit theory provided support for such activities and they are considered self-care in nature and beneficial. Although the results from the current study did not yield significant differences between internal and external self-care practices as categorical subgroupings, a positive correlation within the spiritual domain of internal self-care and compassion fatigue was discovered. Thus, when spiritual self-care was considered individually, there was a significant decrease in reported levels of burnout. What is less clear from this research is the specific type of spiritual practices, duration, and consistency, which could potentially be important factors to be considered in future studies. A holistic approach that includes engagement in self-care activities that address social, emotional, spiritual, physical, cognitive, and vocational needs (O'Halloran & Linton, 2000) is often recommended in the literature. However, this study suggests, particular attention and energy might be given to spiritually focused self-care practices.

Limitations of Study

The data collection process and conducting this research study in general presented several limitations for consideration. Some of the limitations that the researcher encountered included: smaller than anticipated sample size, limited demographic information, and limited time frame. The researcher had been initially informed that a greater sample size would increase the power of the study, as well as provide noticeable effects. This study was limited by its small sample size ($N = 35$). It must be noted that a response rate of ($N = 40$) was received as five new hires (January 2019) were willing to participate in the study, but only three of those five completed the survey, totaling 38 respondents. In order to make more definitive conclusions regarding self-care activities among social workers in mental health settings reporting feelings of burnout and compassion fatigue, larger sample sizes are needed.

Given the small sample size and the convenience sampling strategy used by selecting social workers who were employees at the Millwood Behavioral Hospital and Excel Centers, this study is limited in scope and nature and use of the results. Results from this study are not generalizable. The implications of this study are limited to the specific study population and facilities.

A further limitation of this study was its correlational research design. While tentative predictions can be made using correlational data, definitive conclusions regarding causation cannot be offered or determined. Determining causality is often difficult and was outside the scope of this research. These are self-report measures that are subject to response bias and rely on participants completing the surveys truthfully. It is possible that some participants overestimated or minimized their reports of burnout or

practice of self-care activities. In addition, the online structure and process for completing the survey as well as the selected instruments may have biased the sample toward participants with ready access to a computer and the internet.

While this study revealed “high” levels of compassion satisfaction, burnout, and compassion fatigue, the need to further explore the causes and contributions to these areas remains. Approximately 72.5% of respondents in this study had more than a year of practice and less than five years working in mental health/psychiatric settings, which places them at greater risk for compassion fatigue (De Figueiredo, et al., 2014).

In the current study, approximately 72.5% of respondents fell in the age range of 18-34. This raises the question of whether or not the results of this study are due to having young and less experienced study participants. Age, gender, work experience, and cultural background have been known to show up in research as risk factors for burnout and compassion fatigue (Cheng, et al., 2013; Knight, 2013; Meyer et al., 2015; Ray et al., 2013). Given the ages and limited experiences of the majority of participants, the data might be negatively influenced by these factors and further research would be justifiable. While the research provided significant insights into practitioners’ experience of compassion satisfaction, burnout, and compassion fatigue, it is important to consider limitations of the research design. The majority of the participants were female and although this could also be viewed as a limitation, (i.e., only providing insight into female experiences) it is worth noting the majority of social workers employed at Millwood Behavioral Hospital and the Excel Centers are predominantly women. Even so, it was not the intent of the study to generalize results so as to represent all mental health social

workers, and it is important to identify this point as it extends to gender as a sample variable.

Implications for Social Work Practice

More studies of self-care among social workers should be conducted to make clearer the nuances surrounding self-care practices and reducing compassion fatigue and burnout. This work is necessary to continue to advocate for and educate mental health social workers on the significance of engaging in self-care activities to buffer them from the harmful effects of burnout and compassion fatigue and the many possible benefits. Social workers should develop and set realistic and practical goals to engage in self-care activities of the spiritual and professional varieties as often as possible. Social workers must continue to be informed on topics related to burnout and self-care and are highly encouraged to develop spiritual and professional self-care strategies and practices early in their careers. It is recommended that future studies are implemented as soon as possible so that leaders and managers understand the nature of their organizations' status in order to safeguard the well-being of their employees.

Conclusion

Based on the results of this study, it is evident that social workers that engage in spiritual and professional self-care activities do benefit. This study indicates there may be other risk factors that contribute to the development of burnout and compassion fatigue for mental health social workers working in behavioral healthcare settings. While those are notable factors, the importance of self-care practices overall, and for this study specifically, were much less conclusive. While most people have an intuitive idea of what self-care is and how to perform it, others have difficulty in identifying its

components and attending to it in meaningful and personalized ways (Harr & Moore, 2011).

Furthermore, the self-care deficit theory, according to Orem (1991), indicates that, except for the aforementioned limitations, individuals' actions and behaviors are based on choices made. Although this research merely scratches the surface of the individual attributes associated with compassion satisfaction and its buffers against burnout and compassion fatigue, it is important that organizations (e.g., hospitals, mental health clinics, and behavioral health care) are mindful of the implications of stress, the associated ill effects, and relevant self-care practices. The costs associated with a stressed, burned-out, and fatigued workforce are significant and well documented. To reduce these costs, organizational leadership should consider options available to them for reducing burnout-related symptoms and concerns.

Compassion fatigue robs providers of enjoying their careers in behavioral health settings. When the social worker's emotional, psychological, or even physical well-being is compromised, it becomes difficult to contribute productively; consequently, they may enjoy less professional success. Understanding the effects of burnout and compassion fatigue as well-associated risk factors will assist mental health social workers and practitioners alike in upholding their compassionate satisfaction and caring attitudes toward patients and their families, along with their own loved ones, and ultimately themselves. The benefits of spiritual self-care practices and professional self-care practices appear to be, according to this study, stronger and more influential at reducing burnout and compassion fatigue among this population of mental health social workers.

REFERENCES

- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76, 1, 103–108. <https://dx.doi.org/10.1037%2F0002-9432.76.1.103>
- Alarcon, G. M. (2011). A meta-analysis of burnout with job demands, resources, and attitudes. *Journal of Vocational Behavior*, 79(2), 549-562. doi:10.1016/j.jvb.2011.03.007
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: Author.
- Barak, M. E. M., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from the past research? A review and meta-analysis. *Social Service Review*, 625–661. <https://doi.org/10.1086/323166>
- Barber, G. (1986). Correlates of job satisfaction among human service workers. *Administration in Social Work*, 10(1), 25-38. Retrieved from https://psycnet.apa.org/doi/10.1300/J147v10n01_04

- Boscarino, J. A., Figley, C.R. and Adams, R.E. (2004) Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. *International Journal of Emergency Mental Health*. 6, 57–66. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2713725/>
- Bride, B. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52, 1, 63–70. doi:10.1093/sw/52.1.63.
- Bride, B. E., Radney, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35, 155–163. <https://doi.org/10.1007/s10615-007-0091-7>
- Cheng, Y., Chen, I., Chen, C., Burr, H., & Hasselhorn, H. (2013). The influence of age on the distribution of self-rated health, burnout, and their associations with psychosocial work conditions. *Journal of Psychosomatic Research*, 74, 213-220. <https://doi.org/10.1016/j.jpsychores.2012.12.017>
- Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse & Neglect*, 30, 1071 – 1080. Colorado: Elsevier. Retrieved from <https://doi.org/10.1016/j.chiabu.2006.03.009>
- De Figueiredo, S., Yetwin, A., Sherer, S., Radzik, M., & Iverson, E. (2014). A cross-disciplinary comparison of perceptions of compassion fatigue and satisfaction among service providers of highly traumatized children and adolescents. *Traumatology*, 20, 4, 286–295. doi:10.1037/h0099833.

- DePanfilis, D. (2006). Compassion fatigue, burnout, and compassion satisfaction: Implications for retention of workers. *Child Abuse and Neglect*, 30(10), 1067-1069. doi:10.1016/j.chiabu.2006.08.002
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*. 4th Edition, Sage, Los Angeles, London, New Delhi.
- Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 5-17). New York: Brunner/Mazel.
- Figley, C. R. (Ed.). (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Psychology*, 58, 1433–1441. doi:10.1002/jclp.10090.
- Freudenberger, H. J., & Richelson, G. (1980). *Burn-out: the high cost of high achievement*. Garden City: Anchor Press.
- Grant, L. and Kinman, G. (2013 in press). “Bouncing Back?” Personal representations of resilience of student and experienced social workers. *Practice, Social Work in Action*. 25 (5) 349-366. doi: 10.1080/09503153.2013.860092
- Gregory, A. (2015). Yoga and mindfulness program: The effects on compassion fatigue and compassion satisfaction in social workers. *Journal of Religion & Spirituality in Social Work: Social Thought*, 34, 4, 372-393. doi:10.1080/15426432.2015.1080604
- Harr, C., & Moore, B. (2011). Compassion fatigue among social work students in field placements. *Journal of Teaching in Social Work*, 31(3), 350-363. doi: 10.1080/08841233.2011.580262

- Hesse, A. (2002). Secondary trauma: How working with trauma survivors affects therapists. *Clinical Social Work Journal*, 30(3), 293–309.
doi:10.1023/A:1016049632545
- Isenberg, M.A. (2006). Applications of Dorothea Orem's self-care deficit nursing theory. In M.E. Parker (Ed.) (2006). *Nursing theory and nursing practice* (2nd ed., pp. 149-155). Philadelphia: F.A. Davis Company.
- Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14, 2, 32-44. <https://doi.org/10.1177%2F1534765608319083>
- Knight, C. (2013). Indirect trauma: implications for self-care, supervision, the organization, and the academic institution. *The Clinical Supervisor*, 32(2), 224-243. <http://dx.doi.org/10.1080/07325223.2013.850139>
- Kraus, V. I. (2005). Relationship between self-care and compassion satisfaction, compassion fatigue, and burnout among mental health professionals working with adolescent sex offenders. *Counseling & Clinical Psychology Journal*, 2(2), 81–88. doi: 10.1080/15524250802353934
- Larsen, D., & Stamm, B. H. (2008). Professional quality of life and trauma therapists. In S. Joseph, & P. A. Linley (Eds.), *Trauma, recovery and growth: Positive psychological perspectives on posttraumatic stress* (pp. 275-293). Hoboken, NJ: John Wiley & Sons.
- Lloyd, C., King, R. and Chenoweth, L. (2002). Social work stress and burnout: A review. *Journal of Mental Health*. 1 (3), 255–65.
<https://doi.org/10.1080/09638230020023642>

- Maslach, C. (2003). Job Burnout: New directions in research and intervention. *Current Directions in Psychological Science* 12(5), 189-192.
<https://doi.org/10.1111%2F1467-8721.01258>
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52(1), 397–422. <https://doi.org/10.1146/annurev.psych.52.1.397>
- McLindon, E., & Harms, L. (2011). Listening to mental health workers' experiences: factors influencing their work with women who disclose sexual assault. *International Journal of Mental Health Nursing*, 20(1), 2-11. doi:10.1111/j.1447-0349.2010.00697.x
- Meyer, R., Li, A., Klaristenfeld, J., & Gold, J. (2015). Pediatric novice nurses: examining compassion fatigue as a mediator between stress exposure and compassion satisfaction, burnout, and job satisfaction. *Journal of Pediatric Nurses*, 30(1), 174-183. doi: 10.1016/j.pedn.2013.12.008
- Nankervis, K. L. (2012). Investigating the importance of various individual, interpersonal, organizational and demographic variables when predicting job burnout in disability support workers. *Research in Developmental Disabilities*, 33(6), 1780-1791. v
- National Association of Social Workers (2015). Social Work Speaks: NASW policy statements, 2015-2017, 10th Edition. Washington, D.C.: NASW Press.
- Newell, J.M., & MacNeil, G.A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health*, 6, 2, 57-68. Chicago: Lyceum Books. Retrieved from

https://www.researchgate.net/profile/Harshvardhan_Singh7/post/May_someone_assist_me_with_a_tool_or_ideas_to_measure_vicarious_trauma_among_teachers_of_learners_with_disabilities/attachment/59d6390779197b80779963ff/AS%3A400069846159360%401472395492092/download/5.pdf

Nissly, J. A., Mor Barak, M. E. and Levin, A. (2005) 'Stress, social support, and workers' intentions to leave their jobs in public child welfare.' *Administration in Social Work* 29, 1, 79–100. https://doi.org/10.1300/J147v29n01_06

O'Halloran, M. S., & O'Halloran, T. (2001). Secondary traumatic stress in the classroom: Ameliorating stress in graduate students. *Teaching in Psychology*, 28, 2, 92–97. https://doi.org/10.1207%2FS15328023TOP2802_03

O'Halloran, T. M., & Linton, J. M. (2000). Stress on the job: Self-care resources for counselors. *Journal of Mental Health Counseling*, 22, 354-365. Retrieved from <http://www.amhca.org/news/journal.aspx>

Orem, D. E. (2001). *Nursing: Concepts of practice* (6th ed.). St. Louis, MO: Mosby.

Pearlman, L. A. (1999). Self-care for trauma therapists: Ameliorating vicarious traumatization. In B. Hundall Stamm (Ed.), *Secondary traumatic stress: Self-Care issues for clinicians, researchers, and educators* (pp. 51–64). Baltimore, MD: Sidram Press.

Raven, D., Winokur, M., Holquist-Johnson, H., & Kenyon, V. (2018). Applied research in child welfare project: Caseworker retention survey report. Colorado State University. Retrieved from <http://www.ssw.chhs.colostate.edu/research/swrc/files/ARCH%20Caseworker%20Retention%20Survey%20Final%20Report.pdf>

- Ray, S., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology, 19*, 255–267.
<https://doi.org/10.1177%2F1534765612471144>
- Ross, A., Bevans M., Brooks, A. T., Gibbons, S. & Wallen, G. R. (2017). Nurses and health-promoting behaviors: Knowledge may not translate into self-care. *AORN Journal, 3*, 267-275. <https://doi.org/10.1016/j.aorn.2016.12.018>
- Saakvitne, K. W., Pearlman, L. A., & the Staff of the Traumatic Stress Institute (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York: W. W. Norton. Retrieved from
http://www.counseling.org/wellness_taskforce/PDF/ACA_taskforce_assessment.pdf
- Stamm, B.H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion satisfaction and fatigue test. In C.R. Figley (Ed.), *Treating Compassion Fatigue*, (pp.107-119). London: Taylor & Francis.
- Stamm, B.H. (2009) Full Compassion satisfaction and compassion fatigue model. Retrieved from https://proqol.org/Full_CS-CF_Model.html
- Stamm, B.H. (2010) The concise manual for the professional quality of life scale. Retrieved from https://proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf
- Stebnicki, M. (2007). Empathy fatigue: Healing the mind, body, and spirit of professional counselors. *American Journal of Psychiatric Rehabilitation, 10*, 317-338.
<https://doi.org/10.1080/15487760701680570>

Zimering, R., Munroe, J., & Gulliver, S. B. (2003). Secondary traumatization in mental health care providers. *Psychiatric Times*, 20, 4, 20–28. Retrieved from <https://www.psychiatrictimes.com/ptsd/secondary-traumatization-mental-health-care-providers>

APPENDIX A

IRB Approval

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World
Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885



Dear Michael,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled

(IRB# 18-135) is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

APPENDIX B

Consent Form



To Whom It May Concern,

This letter is to verify that Michael Gonzalez is approved by Millwood Hospital and Excel Centers to do a study based on compassion fatigue and self care with internal clinical staff, a total of approximately 35 healthcare workers in the Clinical Department. Michael is aware that this study should not violate HIPPA in any way with patient information, or any breach of confidentiality of the participants in the study.

This information we feel will be vital discovery and asset to both employee engagement and community research are in full support of Michaels efforts at this facility.

Thank you for your consideration,

Brittany Baker, LCSW, CCTP
Administrator of Clinical Services
Millwood Hospital/Excel Centers
1011 N Cooper St
Arlington TX 76011
817-261-3121

APPENDIX C

Informed Consent

We invite you to participate in this research study on the effects of self-care on social workers in and mental health settings because you are a member of Millwood Hospital and The Excel Center. Please read this form completely and ask questions if any before you agree to participate in this study. I, Michael Gonzalez, am conducting this study under the supervision of Dr. Malcolm Scott and LCSW Brittany Baker. I am an MSSW candidate with Abilene Christian University.

Introduction: An Exploration of Self-Care in Relation to Burnout and Compassion

You may be eligible to take part in a research study. This form provides important information about that study, including the risks and benefits to you, the potential participant. Please read this form carefully and ask any questions that you may have regarding the procedures, your involvement, and any risks or benefits you may experience. You may also wish to discuss your participation with other people, such as your family doctor or a family member.

PURPOSE AND DESCRIPTION: Please know that your participation in this study will enable important data to be collected and analyzed on the topic of social workers and self-care. This study will not only add to the social work literature, but it will also be used to encourage fellow social workers on the importance and effects of self-care. Organizations can utilize the results of this study to promote self-care and advance the health and wellbeing of social workers as we strive to help others.

To state your agreement to participate in this study, please click the button labeled “I Agree to Voluntarily Participate” after reading this consent form. After agreeing to participate please complete the three questionnaires that follow. The first questionnaire is a socio-demographic questionnaire that asks basic questions about you and your current status. The second questionnaire is the Professional Quality of Life that asks questions about your compassion of helping people in your current work settings. The third and final questionnaire is the Self-Care

Assessment Worksheet that allows you to rate if you conduct the self-care activities stated. Completing all three questionnaires should take no longer than 20 minutes.

RISKS & BENEFITS: There are risks to taking part in this activity. Below is a list of the foreseeable risks, including the seriousness of those risks and how likely they are to occur:

Due to the types of questions asked in this study, emotional upset is possible. Although it is highly unlikely, in case of the event of emotional distress, it is encouraged to seek help immediately.

There are potential benefits to participating in this activity. The benefits to participation are to assist the researcher in understanding the effects of self-care among social workers in mental health settings. Also, this research will add to the social work literature on this topic. The researchers cannot guarantee that you will experience any personal benefits from your participation. You may not experience any personal benefits from participating in this study.

PRIVACY & CONFIDENTIALITY: Information collected about you will be handled in a confidential manner in accordance with the law. Some identifiable data may have to be shared with individuals outside of the study team, such as members of the ACU Institutional Review Board. Aside from these required disclosures, your confidentiality will be protected by will be protected by only collecting nonidentifiable information. The primary risk with this study is breach of confidentiality. However, we have taken steps to minimize this risk. We will not be collecting any personal identification data during the survey. However, Survey Monkey may collect information from your computer. You may read their privacy statements here:

<https://www.surveymonkey.com/mp/policy/privacy-policy/>.

COMPENSATION FOR INJURY: Researchers and ACU do not have any plan to pay for any injuries or problems you may experience as a result of your participation in this research.

CONTACTS: If you have questions about the research study, the Principal Investigator is Michael Gonzalez, MSSW Candidate and may be contacted at mjc15c@acu.edu email. If you are unable to reach the Principal Investigator or wish to speak to someone other than the Principal Investigator, you may contact Dr. Malcolm Scott, Assistant Professor, School of Work at Abilene Christian University, at mes18b@acu.edu. If you have concerns about this study, believe you may have been injured because of this study, or have general questions about your rights as a research participant, you may contact ACU's Chair of the Institutional Review Board and Executive Director of Research, Megan Roth, Ph.D. Dr. Roth may be reached at (325) 674-2885

megan.roth@acu.edu

320 Hardin Administration Bldg., ACU Box 29103
Abilene, TX 79699

Your participation in this research is entirely voluntary. You may decline to participate or withdraw from the study at any time and for any reason without any penalty or loss of benefits to which you are otherwise entitled.

APPENDIX D

Demographics Questionnaire

Demographic Questionnaire

Please complete this questionnaire by selecting the responses that best addresses your current status. Information reported on this survey will remain confidential and any reports published will not contain identifying information.

Gender: ☐ Female ☐ Male

Age (Please specify):

☐ 18 to 24

☐ 25 to 34

☐ 35 to 44

☐ 45 to 54

☐ 55 to 64

☐ 65 to 74

☐ 75 or older

Ethnicity – Please check all that apply: ☐ African American ☐ Caucasian/White
☐ Native American ☐ Alaskan Native ☐ Asian Indian

☐ Hispanic/Latino ☐ Chinese ☐ Japanese ☐ Korean

☐ Guamanian ☐ Filipino ☐ Vietnamese ☐ Other Asian

☐ Other Pacific Islander ☐ Other

Practice Setting – Please select the response that best applies to your current place of employment

Mental Health Setting (These settings include facilities that may be inpatient or outpatient and focus on mental health and psychiatric care).

Years of Employment at Current Employment Setting – Please specify: _____ Total Years of Social Work Practice – Please Specify _____

Thank you for completing this survey. Please proceed to completing the next two surveys.

APPENDIX E

ProQOL

Professional Quality of Life Scale (ProQOL)

*Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)*

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

	1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
_____ 1.					
_____ 2.					
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© B. Hudnall Stamm, 2009. *Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)*.
/www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

APPENDIX F

Self-Care Assessment

Self-Care Assessment Worksheet

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve.

Using the scale below, rate the following areas in terms of frequency:

- 5 = Frequently
- 4 = Occasionally
- 3 = Rarely
- 2 = Never
- 1 = It never occurred to me

Physical Self-Care

- ☐ Eat regularly (e.g. breakfast, lunch and dinner)
- ☐ Eat healthy
- ☐ Exercise
- ☐ Get regular medical care for prevention
- ☐ Get medical care when needed
- ☐ Take time off when needed
- ☐ Get massages
- ☐ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- ☐ Take time to be sexual—with yourself, with a partner
- ☐ Get enough sleep
- ☐ Wear clothes you like
- ☐ Take vacations
- ☐ Take day trips or mini-vacations
- ☐ Make time away from telephones
- ☐ Other:

Psychological Self-Care

- ☐ Make time for self-reflection
- ☐ Have your own personal psychotherapy
- ☐ Write in a journal
- ☐ Read literature that is unrelated to work
- ☐ Do something at which you are not expert or in charge
- ☐ Decrease stress in your life

Source: Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

- ___ Let others know different aspects of you
- ___ Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
- ___ Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance
- ___ Practice receiving from others
- ___ Be curious
- ___ Say “no” to extra responsibilities sometimes
- ___ Other:

Emotional Self-Care

- ___ Spend time with others whose company you enjoy
- ___ Stay in contact with important people in your life
- ___ Give yourself affirmations, praise yourself
- ___ Love yourself
- ___ Re-read favorite books, re-view favorite movies
- ___ Identify comforting activities, objects, people, relationships, places and seek them out
- ___ Allow yourself to cry
- ___ Find things that make you laugh
- ___ Express your outrage in social action, letters and donations, marches, protests
- ___ Play with children
- ___ Other:

Spiritual Self-Care

- ___ Make time for reflection
- ___ Spend time with nature
- ___ Find a spiritual connection or community
- ___ Be open to inspiration
- ___ Cherish your optimism and hope
- ___ Be aware of nonmaterial aspects of life
- ___ Try at times not to be in charge or the expert
- ___ Be open to not knowing

Source: Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

- ___ Identify what is meaningful to you and notice its place in your life
- ___ Meditate
- ___ Pray
- ___ Sing
- ___ Spend time with children
- ___ Have experiences of awe
- ___ Contribute to causes in which you believe
- ___ Read inspirational literature (talks, music, etc.)
- ___ Other:

Workplace or Professional Self-Care

- ___ Take a break during the workday (e.g. lunch)
- ___ Take time to chat with co-workers
- ___ Make quiet time to complete tasks
- ___ Identify projects or tasks that are exciting and rewarding
- ___ Set limits with your clients and colleagues
- ___ Balance your caseload so that no one day or part of a day is “too much”
- ___ Arrange your work space so it is comfortable and comforting
- ___ Get regular supervision or consultation
- ___ Negotiate for your needs (benefits, pay raise)
- ___ Have a peer support group
- ___ Develop a non-trauma area of professional interest
- ___ Other:

Balance

- ___ Strive for balance within your work-life and workday
- ___ Strive for balance among work, family, relationships, play and rest

Source: Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)